

MIMP Annual Status Report

I. Introduction

- A. Name of Institution: *Children's Hospital and Regional Medical Center*
- B. Reporting Year: *2001*
- C. Major Institution Contact Information
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- D. Master Plan Adoption Date and Date of Any Subsequent Amendments:
- Master Plan: *September 1994*
- Minor Amendment: *October 1996*

II. Progress in Meeting Master Plan Conditions

- A. Provide a general overview of progress made in meeting the goals and conditions of the approved Master Plan.

The Children's Hospital Major Institution Master Plan authorizes 262,630 square feet of new development. Since the approval of the Children's MIMP in September 1994, Children's has renovated existing space and added approximately 18,980 square feet of new space on its campus. This leaves current remaining "net new development" of 243,650 allowed under the approved MIMP. Children's has completed on schedule perimeter street improvements and other conditions triggered by development to date.

- B. In addition, list each condition and provide a brief narrative statement about the progress made towards compliance. This statements should include information explaining progress (ranging from complete compliance, partial-compliance to non-compliance and strategies used (successful or unsuccessful) in meeting the condition plus, when applicable, what future measures will be pursued to reach compliance.

Conditions of Master Plan Approval	Progress Toward Compliance
<i>MIO HEIGHT DISTRICTS REZONE</i>	
<p>1.a. The 90-foot height district established for the site of Project #10, the Inpatient Wing, is restricted to permit a building height of no more than 74 feet not to include additional floors of height beyond that proposed in the Master Plan. An allowance shall be made or additional height for Project, the Inpatient Wing, to permit mechanical equipment penthouse and similar rooftop features that do not exceed 15 ft. in height and cover no more than 25% of the roof area, provided the features are not enclosed or have view-obscuring screening. The upper level bulk of the Inpatient Wing structure shall be reduced by stepping back the top three levels from the northwest corner for a total gross floor area reduction of no less than 18% from the gross floor area of the lower level as depicted in Table 3 in the FMIMP.</p>	<p><i>Master Use Permit application for Project #10, Inpatient Wing, made with Department of Design Construction and Land Use on December 4, 2001.</i></p> <p><i>The overall height of the proposed Inpatient Wing has been reduced from MIMP allowance. Instead of a 74-foot building plus rooftop features, the proposed Inpatient Wing is approximately 54 ft. in height plus rooftop features.</i></p> <p><i>As a result of the decreased overall height of the proposed structure, from the height approved in the MIMP, the top two floors would be stepped back in the northwest corner of the building, for a total gross floor area reduction of 31% from the gross floor area of the lower level.</i></p>
<p>b. The 70 foot height district established for the site of Project #6A, the Research Clinic, is restricted to permit a building height of no more than 54.5 feet not to include additional floors of height beyond that depicted in the proposed Master Plan</p>	<p><i>Not yet developed.</i></p>
<i>MASTER PLAN APPROVAL</i>	
MUP Review of Future Development	
<p>1.a Development projects under the Master Plan subject to SEPA review in the MUP process shall be reviewed to define project-level impacts and mitigate project-specific impacts. Specialized consultant studies, as appropriate, and mitigating measures as necessary may be required by the director to address: construction noise and traffic; operational noise, traffic and on-street parking; light and glare affecting nearby residential properties; and other environmental concerns.</p>	<p><i>In compliance. Accomplished for projects undertaken to date. See EIS Addendum for Proposed Parking Garage – January 2001. EIS Addendum for Proposed Inpatient Wing to be published in early 2002.</i></p>
<p>b. Any proposed adjustments in the building heights shown in Figure 8 of the Master Plan, which would compromise the strategy of</p>	<p><i>No adjustments proposed.</i></p>

terracing or stepping up heights from the edges of the campus to the center of the core area as mitigation for height, bulk and scale impacts on the adjacent residential areas, shall be considered major amendments to the Master Plan.	
2. During project-level review, the Director shall require an air quality study to identify impacts and mitigating measures associated with the operation of the proposed parking garage.	<i>In compliance. See Parking Garage EIS Addendum January 2001, pages 20-31.</i>
3. Mitigating measures imposed by the Director on specific development projects can include, but need not be limited to: <ul style="list-style-type: none"> • Limiting construction activity to nonholiday weekdays, from 8:00 am to 5:00 pm • Shielding and baffling noisy equipment to reduce noise • Using of electric rather than diesel or gas-powered machinery • Using pneumatic tools with the lowest possible noise generation • Mixing concrete off-site • Keeping construction vehicles away from residential areas • Directing all noisy and/or ventilating equipment towards the center of the campus rather than toward surrounding residential properties • Shielding and controlling illumination so that it shines downward and does not reach beyond the campus boundaries • Using glass with low reflectivity, providing window recesses and overhangs, and allowing no large expanse of reflective exterior material 	<i>Complied with each measure on all projects.</i>
Prior to Approval of the First Master Use Permit	
4 a. A Memorandum of Agreement regarding implementation of the TMP shall be executed between the City and CHRMC. Environmental review for TMP implementation was completed through the Master Plan process. The 50% SOV reduction goal calculation shall be applied to: (1) full-time, day shift employees; and, (2) part-time day shift employees in the afternoon peak for traffic in the vicinity. (1 - 6 p.m.) Adjustments for part-time employees who do not work daily shall be made by averaging the number of part-time and full-time employees over a typical five day work week, consistent with SED's methodology for calculating SOV goals. Persons who are not employed by CHRMC and are otherwise not under the control of CHRMC (e.g. University of Washington, community physicians) as volunteer and standby personnel, patients and visitors, shall be excluded from the base population. Those CHRMC employees in the base population who must use their vehicles as a regular part of their work, shall be exempted from the goal calculations.	<i>This agreement was signed on May 31, 1996, prior to issuance of the first MUP. Children's has met and is currently in compliance with this goal at 51% non-SOV participation. See Section V below.</i>
b. DCLU shall withhold approval Master Use permits for projects in Phases II and III unless the Director determines that the 50% SOV goals has been reached or is likely to be reached by the time of the occupancy of the projects.	<i>In compliance.</i>
5. CHRMC shall implement the public benefit measures described in Attachment A. A good-faith effort to provide reasonable,	<i>In compliance. See comments on attachment A,</i>

additional public benefit in each of these areas shall be considered as adequate benefit for these purposes.	<i>page 9 of this report. Projects listed have not yet been built.</i>
For the Life of the Master Plan	
6. Construction Phasing a. After the foundation(s) are in and the building shell(s) is (are) up for each major project, or group of projects being constructed at the same time, 6-months must elapse before demolition, excavation, foundation work or shell construction can begin on another project or group of projects. All interior, finish, and other work necessary to complete the projects(s) after the shell(s) is (are) up, will be allowed during the 6-month respite period.	<i>In compliance. Although the parking garage does not fall under the Construction Phasing requirement, excavation, foundation work, shell construction for Whale Parking Garage was completed by January 2002. Proposed excavation work for the Inpatient Wing would begin in June/July of 2002.</i>
7. Street Improvements a. Based upon impact evaluation and traffic study, CHRMC shall fund traffic improvements determined by the Director of Engineering to be necessary in the Sand Point Way NE/NE 45 th Street corridor and other streets in the area directly affected by the additional traffic in the proportion CHRMC contributes to the need for those improvements.	<i>Not applicable as none of the major projects have been completed. Also see EIS Addendum for Proposed Parking Garage January 2001, transportation section pages 37-44.</i>
b. Prior to occupancy of the first major Master Plan project, CHRMC shall improve the rights-of-way with curbs, gutters, and sidewalks along the west side of 44 th Avenue NE between NE 47 th and 50 th Streets and along the south side of NE 47 th Street between 44 th and 45 th Avenues NE	<i>Completed and in compliance.</i>
c. Prior to occupancy of any major Master Plan project identified in Exhibit 13, page 21, as in the Middle Phase (years 5-10), CHRMC shall improve the rights-of-way with curbs, gutters, and sidewalks along the southeast side of Sand Point Way NE between 40 th and 41 st Avenues NE and along NE 50 th Street between 40 th Avenue NE and Sand Point Way NE	<i>Not yet developed. First major project, Inpatient Inpatient Wing, slated to begin in June/July 2002. These improvements will be made prior to occupancy.</i>
8. Parking Structure a. CHRMC shall complete a topographic survey of the proposed parking structure site within 60 days of the approval of the Master Plan	<i>In compliance. This survey was completed and forwarded to the DCLU on 11/16/94.</i>
b. The proposed parking structure shall be constructed at or below-grade, except that it may extend no more than 3-4 feet above existing grade in the southeast corner as depicted in the FEIS. Parking may be allowed on the top, grade level portion of the structure, but no enclosed structures shall be built on top of it (fences, railings, planters, and the like may be permitted)	<i>In compliance. Whale Parking Garage meets this condition.</i>
c. CHRMC shall construct the proposed parking structure prior to occupancy of any Master Plan development which would raise the Code-specified minimum parking requirement above that of the existing on-campus supply.	<i>In compliance. Parking garage project initiated prior to major clinical area project development. Garage will open for patients' use March 4, 2002. The Whale Parking</i>

	<i>Garage will result in an increase of 411 parking spaces once operational, for a total of 1,636 spaces on-site.</i>
9. RPZ a. CHRMC shall fund studies for RPZs in Parking Impact Areas 1 and 2 as defined in the Advisory committee's Final Report and Recommendations, after occupancy of the first major Master Plan development and upon submittal of requests by the residents in the Parking Impact Areas. If indicated by the study and approved by the neighbors, CHRMC shall pay for implementation costs and parking permits, except that CHRMC shall be required to pay for only 50% of parking permits in Impact Area 2, provided that where there is an obligation on the part of another major institution to pay part of the costs of the parking permits that CHRMC and the other institution will divide the costs equally. The Seattle Engineering guidelines and regulations for RPZs shall apply.	<i>Not yet developed or requested. Under discussion with the neighborhood.</i>
10. Perimeter Buffers a. CHRMC shall refer all landscape plans for developing/enhancing the perimeter buffers to the Master Plan Standing Committee for review and constructive comment. The Standing Committee may appoint a subcommittee to perform this function.	<i>In compliance. Development of 44th NE and buffer zone was reviewed by the Standing Committee. Master Plan Standing Committee reviewed Whale Parking Garage perimeter buffer in November 2000.</i>
b. No buildings shall be permitted in the perimeter buffers; railing, fences, signs and similar items may be permitted. Existing parking spaces with the buffers may remain only until the proposed parking structure is available for occupancy. Existing paved roadways through and within the buffer may remain in their present locations. Large, mature trees shall be retained where possible.	<i>In compliance. No building in perimeters has occurred. Large trees and other plants have been retained where possible for landscaping of the Whale Parking Garage.</i>
10. c. CHRMC shall develop/enhance the proposed landscape buffers in the following order: <ul style="list-style-type: none"> Related to development of the proposed Daycare Facility, the proposed 75-ft. buffers along the entire length of abutting NE 47th Street, as well as along 45th Avenue NE sufficient to screen structure, shall be planted prior to occupancy of the facility. The two buffers along 44th Avenue NE and the remainder of 45th Avenue NE shall remain intact until such time as the proposed parking garage is constructed. When occupancy of that garage is permitted, the proposed 40-ft. buffer along 44th Avenue NE and the remainder of the 75-ft. buffer along 45th Avenue NE shall be planted. The Northern half of the western campus boundary buffer strip shall be planted prior to occupancy of the D and T South Wing (C Wing) Addition. 	<i>Not yet developed.</i> <i>In compliance. Whale Parking Garage landscaping maintains and enhances these buffers.</i> <i>Not yet developed.</i>
11. Operational Noise	<i>In compliance.</i>

a. CHRMC shall restrict all deliveries, garbage pick-up and other large truck trips, to between the hours of 7:30 a.m. and 6:00 p.m., except such of these trips that are made to the designated loading and unloading dock in the center of the campus core. This restriction shall not apply to medical emergency vehicles.	
12. Daycare Facility a. CHRMC shall complete a topographic survey of the Daycare Facility site within 60 days of the approval of the Master Plan.	<i>This survey was completed and forwarded to the DCLU on 11/16/94.</i>
b. The Daycare Facility structure and outside play area shall be designed, constructed and operated so as to minimize the amount of the structure visible from the street and the amount of noise created by children playing that could reach the residences across those streets. The structure shall have a residential appearance and the ridge of the pitched roof shall not extend higher than 20-ft. above the adjacent street grade, except that the Director, in consultation with CHRMC and the Standing Advisory Committee, may determine that it is feasible to limit the height above street grade to less than 20-ft. above the street grade. If it is determined that a height of less than 20-ft. is feasible, the Director shall establish such lower height as the limit. The play area shall be located as far away from the residences across 45 th Avenue NE as possible and shall be enclosed with a sound attenuating wooden fence. Outdoor play shall not be allowed prior to 7:30 a.m.	<i>Not yet developed.</i>
c. The Daycare Facility shall not be available for use by the general public; only children of CHRMC employees shall be permitted, except that occasional, short-term use by sibling of patients hospitalized at CHRMC may be allowed to provide temporary respite care while patient's parents are on-campus tending the patient.	<i>Not yet developed.</i>
13. Other Conditions a. CHRMC shall report on its Master Plan as provided for in the Land Use Code.	<i>In compliance. The Master Plan Advisory Committee met on May 29, 2001 and November 13, 2001.</i>
b. CHRMC shall establish a hotline for neighbors to call regarding complaints associated with noise, air quality, traffic, or other complaints. The hotline number, and the name of the appropriate CHRMC contact person shall be posted on-site and made available to neighbors, via CHRMC neighborhood newsletters and other means as necessary to make it readily available.	<i>In compliance. The Director of Community, Government Affairs and Advocacy and the Assistant Director of Community, Government Affairs and Advocacy are available by phone and respond to calls from neighbors. When the Director and Assistant Director are unavailable, calls are routed to Security or Facilities.</i>
<i>DEVELOPMENT STANDARD DETAILS</i>	
1. Above-grade hand railings and sound or view-blocking fences will not be considered structures for the purposes of lot coverage.	<i>In compliance.</i>

2. With regard to floor area calculations, these exemptions apply: all gross floor area used for accessory parking and three and one-half percent (3-1/2%) of the gross floor area for mechanical equipment.	<i>In compliance.</i>
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III. Major Institution Development Activity Initiated or Under Construction Within the MIO Boundary During the Reporting Period.

A. List and Describe Development Activity Initiated or Under Construction (Non-leased Activity)

A number also identifies each renovation project listed below and the location is shown on the attached campus maps. NEED TO BE ADDED.

Name of Building	Description	Proposed Use	Size - Gross Square Footage	Date Commenced or Completed
2001 New Areas Renovations (creating new space)				
No new space was created in 2001.				

Name of Building	Description	Proposed Use	Size - Gross Square Footage	Date Commenced or Completed
2001 Interior Renovations (in existing space)				
Same	4CN Cath Lab #2	Diagnostic	785 SF - #1	June 14, 2001
Same	7G Endocrinology	Offices	2,047 SF - #2	June 14, 2001
Same	3E Information Services	Offices/work bench	1,760 SF - #3	August 31, 2001
Same	5P Audiology	Clinic	2,242 SF - #4	In Progress
Same	6H Clinic	Clinic	1,385 SF - #5	August 31, 2001
Same	7P Clinic	Clinic	2,015 SF - #6	In Progress
Same	4G IV lab & GI Procedure	Diagnostic	1,675 SF - #7	In Progress
Same	3CN / 4CN PACU renovation	Nursing/ Central Supply	13,285 SF - #8	In Progress
Same	5D Renovation	Office	6,304 SF - #9	August 31, 2001
Same	5H Renovation	Office	1,320 SF - #10	In Progress
Same	2B Renovation	Patient Rooms	24,830 SF - #11	In Progress
Same	7I/7P Ortho Reception and Offices	Office and Waiting	2,015 SF - #12	In Progress

B. Major Institution Leasing Activity to Non-Major Institution Uses

CHPMC does not currently lease space within the MIO boundary.

IV. Major Institution Development Activity Outside but within 2,500 Feet of the MIO District Boundary.

No major institution development activity has been undertaken outside but within 2,500 feet of the MIO District Boundary. Children's purchased the property at 4575 Sand Point Way NE on September 15, 2000, however no major institution use is being made of the property.

V. Progress in Meeting Transportation Management Program (TMP) Goals and Objectives

- A. Provide a general overview of progress made in achieving the goals and objectives contained in the TMP towards the reduction of single-occupant vehicle use by major institution employees, staff and/or students.

Children's is in compliance with the goal of 50% non-SOV participation at 51%.

- B. In addition, list each goal and objective and provide a brief narrative statement about the progress made towards compliance. This statement should include information explaining progress made (ranging from compliance, partial-compliance to non-compliance) and strategies used (successful or unsuccessful) in meeting the goal or objective plus, when applicable, what future measures will be pursued to reach compliance.

Children's TMP Memorandum of Agreement with the City of Seattle is attached. Children's offers most components of the program and has utilized additional approaches and refinements based on experience. Children's has reached the 50% non-SOV goal and is currently in compliance at 51% non-SOV as determined according to the Goal Calculation Methodology on page 6 of the Memorandum of Agreement:

- The base number of employees as defined in the goal calculation methodology adjusted for days worked was 1056 FTE's.***
- The base number of FTE's (1056) minus employees exempted because use of their vehicle is required for the duties of their position, 155 exempts, equals 901. Exempts were determined and updated by a current position by position analysis and include a range of functions including administration, outreach, regional services, and supporting clinical and technical functions which also relate to Children's off-site locations or other organizations in the community. Determinations of exempt positions are re-evaluated annually.***

- 465 FTE's are commuting by non-SOV means divided by the adjusted base number of all FTE's (901) equals 51% non-SOV participation.

Attached is the City of Seattle Transportation Management Plan Annual Report which includes information about non-SOV commute mode split.

Approximately 26% of Children's Hospital campus day-shift staff commute by carpool, 16% by bus, 8% vanpool, 8% bike, 14% walk, 18% commute by other non-SOV means including motorcycle, telecommuting, and drop off. (Please note that combined with SOV percentage, these numbers add up to more than 100% due to multi-modal commute modes.) Also attached is this year's State CTR report.

In September 2001, Children's received a Choice Leadership Initiative award from the Environmental Protection Agency and the Department of Transportation for meeting the national standard of excellence for employer-provided commuter benefits. Children's also received a Diamond Award from the Commuter Challenge in January 2002.

Improving the program continues to be a priority and a necessity. Beginning in 1999, as a result of cutbacks in State funding for transportation, Metro cut significant bus service to Children's Hospital and the surrounding neighborhood. Frequency of service during the day has been significantly reduced. At the same time, more Children's employees are depending upon the bus to get to work. We are advocating for improved bus service again back to the previous 1999 level. We are considering new incentives to improve upon our non-SOV participation. On an ongoing basis, Children's works to improve marketing of the program.

Comments on Attachment A, Public Benefit Measures

While the major projects listed in Attachment A have not yet been built, Children's commitment to these public benefits remains strong. Currently more than 35% of Children's patients are covered by the Medicaid program and Children's provides over \$20 million in uncompensated and undercompensated care annually. Children's is currently unable to meet the demand for inpatient beds, and growth in outpatient and emergency care need has outstripped our capacity to provide services in the existing facilities. Recent examples of accomplishments in pediatric research at Children's have worldwide significance for the treatment of children with gastrointestinal infections and for the development of vaccines to prevent devastating streptococcal infections in infants. Attached are the two most recent Children's "Year in Review" reports.